

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/23/2013
NAME OF PROVIDER OR SUPPLIER  CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, facility policy review, and interview the facility failed to ensure privacy for one resident (# 106) of twenty-seven residents reviewed.</p> <p>The findings included:</p>	F 164	<p>Disclaimer Statement</p> <p>Signature HealthCare of Cleveland does not believe, and does not admit that any deficiencies exist, before, during and after the survey. Signature HealthCARE of Cleveland reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation, or position and Signature HealthCARE of Cleveland reserves all right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this Plan of Correction should be considered as a waiver of any potential applicable Peer Review, Quality Assurance or self critical examination privileges which Signature HealthCARE of Cleveland does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceedings. Signature HealthCARE of Cleveland offers its responses, credible allegations of compliance, and plan of corrections as part of its ongoing efforts to provide quality of care to residents.</p> <p>F-164</p> <p>1) Nurse #1 was immediately reeducated regarding providing privacy when administering eye drops by the Staff Development Coordinator on 10/22/2013.</p> <p>2) Resident with Physician orders for eye drops under the care of nurse #1 had the potential to be affected. Reeducation was provided to nurse #1 by the Staff Development Coordinator on 10/22/2013 regarding providing privacy when administering eye drops.</p>		<p>11-26-2013</p> <p>11-26-2013</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*William Sawyer RN**Administrator*

11-8-2013

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1  Observation on October 22, 2013, at 7:40 a.m., revealed resident #106 sitting in the chair, in the resident's room eating breakfast. Continued observation revealed Charge Nurse #1 administered eye drops to the resident and failed to pull the privacy curtain.  Medical record review of the resident Physician's Recapitulation Orders signed October 3, 2013, revealed "...Systane 0.3 - 0.4 % eye drops...instill drops in both eyes..."  Record review of the facility policy for eye drop administration revealed "...Procedural Steps:...2...place screen or curtain around resident's bed for privacy..."  Interview with Charge Nurse # 1 on October 22, 2013, at 7:54 a.m., on the 400 hall, confirmed privacy was not maintained while administering the eye drops.  Interview and policy review with the Administrator on October 22, 2013, at 2:42 p.m., in the social services office, confirmed the facility policy for privacy during eye drop administration was not followed.	F 164	3) The policy and procedure for eye drop administration was reviewed by the Director of Nursing, Nurse Practitioner, Administrator, and Staff Development Coordinator. Education was provided to the nurses in regards providing privacy during medication administration by the Staff Development Coordinator, Director of Nursing, and Administrator, completed on November 1, 2013. The Staff Development Coordinator, Director of Nurses, and/or Director of Social Services will review privacy during orientation and annually.  4) Medication administration observation tool was reviewed and revised to include providing privacy during medication administration by the Director of Nurses, Administrator, and Nurse Practitioner on 11-5-2013. This medication administration observation tool will be completed weekly for four weeks, then monthly by the Director of Nurses, Assistant Director of Nurses, Staff Development Coordinator, Skilled Unit Coordinator, pharmacy consultant, and/or Administrator to ensure compliance with providing privacy during medication administration. Aberrances will be corrected immediately. These tools will be reviewed quarterly by the Quality Assurance committee to include Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Skilled Unit Manager, Administrator, Medical Director, Nurse Practitioner, Social Services, Dietary Manager, Maintenance Director, and Activities Director for further recommendations.	11-26-2013	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		11-26-2013	

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F 309	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow the care plan for post dialysis care for one resident, # 113, of twenty-seven residents reviewed.</p> <p>The findings included:</p> <p>Resident (#113) was admitted to the facility on September 27, 2013, with diagnoses including End Stage Renal Disease, Pancytopenia, Congestive Heart Failure, Degenerative Joint Disease, and Depression.</p> <p>Medical record review revealed the resident received outpatient dialysis care three days weekly on Mondays, Wednesdays, and Fridays. Continued medical record review of the Skilled Nursing Notes from September 28, 2013 to October 22, 2013, revealed no documentation of post dialysis clinical assessments, reviews of post dialysis vital signs, or laboratory results, and assessments of the dialysis access device (a surgically implanted device to allow vascular access for dialysis treatments) or resident education related to dialysis care.</p> <p>Review of the Comprehensive Care Plan dated September 27, 2013, revealed, "...check shunt site (dialysis access device) for s/s (signs and symptoms) of infection, pain, or bleeding daily...provide resident education regarding equipment...disease process...medications...diet...fluids..."</p> <p>Review of the facility policy Dialysis Monitoring</p>	F 309	<p>F-309</p> <p>1) Resident #113 was immediately assessed and access site was checked by the Skilled Unit Coordinator on 10-22-13.</p> <p>2) Audit of all residents receiving outpatient dialysis care plans were reviewed to ensure that care plans were being following by the Director of Nursing, Assistant Director of Nursing, Skilled Unit Coordinator, and Administrator on 10-22-2013. The policy and procedure for Dialysis Monitoring of the ESRD (End Stage Renal Disease) Resident, was placed on each residents Medication Administration Record receiving outpatient dialysis. Care Plan interventions were reflected on the Medication Administration Record to ensure assessment and documentation of access site. This was completed immediately by the Director of Nursing, Assistant Director of Nursing, Skilled Unit Coordinator, and Administrator on 10-22-2013.</p> <p>3) The policy and procedure for Dialysis Monitoring of the ESRD (End Stage Renal Disease) Resident was reviewed by the Director of Nursing, Nurse Practitioner, Administrator, and Staff Development Coordinator on 10-22-13. Education was provided to the nurses regarding this policy and documentation of the care plan interventions on the Medication Administration Record by the Staff Development Coordinator, Director of Nursing, and Administrator completed on November 1, 2013. The Dialysis Communication Form was reviewed and revised by the Director of Nursing, Nurse Practitioner, Administrator, and Staff</p>	<p>11-26-2013</p> <p>11-26-2013</p> <p>11-26-2013</p>

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